

# Work Order ID 69363

Tuesday, May 10, 2011 7:45:45 AM



Page 1

Item ID: D412-664-203

Accept



Setup Start



Revision ID:

Stop



Item Name: - Crosstube Aft

Start Date: 5/10/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 5/18/2011 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan: CL

Date: 11/05/10

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start



Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D412-664-243

E

100

0.00



DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D412-664-203 CHG 006

8 uloslo4  
CHG 007

CK Per BGR 11/08/04

110

0.00



Packaging

Packaging

Memo

0.00

Packaging

DP

11-7-14

120

0.00



BENDING MACHINE - CROSSTUBES

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D412-664-243 using CNC bender program 412-aft and Folio FT010

DP

11-7-18

D 412 664 203 B 69363

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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\*NOTE: Date & initial all entries

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QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC15- Crosstube Dimensional Check

0.00



QC

Memo

0.00

Quality Control

S M07/18

④

140

Crosstubes

0.00



Crosstubes

Memo

0.00

Crosstubes

1-Drill pilot holes in tube as per Dwg D412-664-243 using drill Jig DT8550 &amp; DT8551 and drill table DT8577 using #9 holes as per QSI 10 to install towers.

2-Ream hole to finish size in tube as per Dwg D412-664-243 using drill Jig DT8550 &amp; DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-SCRIBE PART # &amp; BATCH #

4-Deburr &amp; Inspect for surface damage. Repair damage within limits as per Dwg D412-664-243

SAD  
11-07-19JW 11-07-20  
SAD

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

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Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150  HandFXtube Hand Finishing Crosstubes	Crosstubes Chemical Conversion  Memo	0.00 0.00		JW SAD		①			
160  QC Quality Control	QC3- Inspect Part Finish  Memo	0.00 0.00							11 07 21 ①
170  QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00							11 07 21 ①

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Customer:

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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180  Outsource2	Outsource process - NDT per QSI038 4.1	0.00							
Outsource process - NDT	Memo Liquid Penetrant Inspection as per QSI 038Or Issue P/O: 14570 LPI as per ASTM 1417 Level 2 Attach copy of NDT results to work order	0.00							<u>11-07-22</u>
190  Packaging	Packaging	0.00							
Packaging	Memo Inspect for transit damage Ensure copy of NDT results attached to work order.	0.00							<u>11-07-22</u>
200  QC	QC5- Inspect part completeness to step on W/O	0.00							
Quality Control	Memo Inspect for damage & ensure results are as per Dwg D412-664-203	0.00							<u>11-07-22</u>

W/O:		WORK ORDER CHANGES					
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Cust Item ID:

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Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210		0.00							
	SprayPaint								
SprayPaint	Memo	0.00							
Spray Painting	1-Prime inside and outside crosstube as per QSI 005 4.2								
	2-Paint outside crosstube with White Imron as per DEO D412-664-243 and QSI 005 4.2								
	PRIME:								
	Start Time: _____								
	Finish Time: _____								
	PAINT:								
	Start Time: _____								
	Finish Time: _____								
220									
	QC14- Inspect Spray Paint	0.00							
QC	Memo	0.00							
Quality Control	Then, Wrap in plastic bag to protect from scratches								

8T 11-07-28

S u/05/04

F0

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Cust Item ID:

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Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
230		0.00							
	Crosstubes								
Crosstubes	Memo	0.00							
Crosstubes	Assemble as per Dwg D412-664-203								
	1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe								
	2-Install support with magnobond as per QSI 015, Adhere for 12 Hrs								
	A/R 6398 Magnobond Batch: <u>116677</u>								
	Expiry Date: <u>12-02</u>								
	3-Install chafing shield and clamps as per DEO D412-664-243 using installation jig DT9024 Torque clamps to 80-100 in lb.								
	A/R Proseal batch: <u>118234</u>								
240									
	QC5- Inspect part completeness to step on W/O	0.00							
QC	Memo	0.00							
Quality Control									

25 11-08-035 11/02/04FD

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

250

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

260

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

270

Packaging

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D412-664-203  
\*\*\*\*\*Ensure tube is not packaged if curing time is less than 12 hrs, see step 27  
for application time & date \*\*\*\*\*  
Time & date of packaging: \_\_\_\_\_  
Location: \_\_\_\_\_

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

280

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

ck 11/08/08

11-08-5  
①

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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# Picklist Print

Tuesday, May 10, 2011 7:45:43 AM

Page 1

Work Order ID: 69363

Parent Item: D412-664-203

Parent Item Name: Crosstube Aft



Start Date: 5/10/2011

Required Date: 5/18/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:E 04.02.16 Reformat; Added D3189-1 K/DS  
 IPP Rev:F 06-03-29 Remove Coments on Pick List JLM  
 IPP Rev:G 06.12.08 per ECN 886 EC  
 IPP Rev:H 07-04-30 As per Rev D JLM  
 IPP Rev:I 08-06-12 add comment in seq. 21 DD verified by:EC IPP rev  
 G 11.04.21 DEO D412-664-243-E-1 EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D412-664-203TRN		Manufactured	No			110	Each	11.0000	1	1			
Crosstube Turning Detail													

## Location

## Loc Qty

## Loc Code

LG

6

B69312

69249

1

69250

1

69251

1

69252

1

69253

1

69302

1

LG003

5

67272

1

67273

1

69247

1

69248

1

69254

1

D2896-1

Manufactured

No

230

Each

21.0000

1

1



Support

## Location

## Loc Qty

## Loc Code

LG052

21

58356

3

67742

18

SAD 11-02-13

21 11-08-07

21

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent Item: D412-664-203

Parent Item Name: Crosstube Aft

Start Date: 5/10/2011

Required Date: 5/18/2011

Start Qty: 1.00

Required Qty: 1.00

D3189-1 Manufactured No

230 Each

24.0000 2 2



Chafing Shield

62576



IT 11-08-03

Location	Loc Qty	Loc Code
FG	4	
36065	4	
LG053	20	
63982	16	
67587	4	

D3595-063-570 Manufactured No

230 Each

35.0000 2 2



RUBBER CUSHION

69735



IT 11-08-03

Location	Loc Qty	Loc Code
FG	13	
37971	1	
42243	12	
LG055	22	
42243	1	
63406	21	

MS21920-28 Purchased No

230 Each

74.0000 4 4



Clamp(per MIL-DTL-8783C)

117998



IT 11 08-03

Location	Loc Qty	Loc Code
FG	5	
105884	5	
LG050	69	
116839	19	
117344	50	

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Shop Packet Print

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W/O:		WORK ORDER CHANGES					
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Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent Item Name: Crosstube Aft

Start Date: 5/10/2011

Required Date: 5/18/2011

Start Qty: 1.00

Required Qty: 1.00

MS21920-30

Purchased

No

230

Each

70.0000

2

2



clamp(per MIL-DTL-8783C)



85 11-08-07

Location

Loc Qty

Loc Code

LG050

20

109181

20

LG051

50

111258

50

AN6-40A

Purchased

No

250

Each

114.0000

4

4



Bolt



PJ

Location

Loc Qty

Loc Code

ST340

80

117366

80

ST343

34

115905

14

116549

20

AN6-41A

Purchased

No

250

Each

67.0000

2

2



Bolt



117366

1118191

Location

Loc Qty

Loc Code

ST344

67

115316

17

117366

50

AN960JD616

NAS1149D0663J

Purchased

No

250

Each

0.0000

18

18



Washer



118318

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Shop Packet Print

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Parent Item Name: Crosstube Aft



Start Date: 5/10/2011

Required Date: 5/18/2011

Start Qty: 1.00

Required Qty: 1.00

MS21042L6

Purchased

No

250

Each

298.0000

6

6



Nut



118078

5/11/8/4

Location

Loc Qty

Loc Code

ST300

298

117343

298

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:** Date & initial all entries



Item	Qty -243	Part Number	Description
1	X	D412-664-243	CROSSTUBE ASSEMBLY (412 HIGH AFT)
2	1	D6009-129	CROSSTUBE
3	2	D3595-063-570	RUBBER CUSHION
4	1	D2896-1	SUPPORT
5	2	D3189-1	CHAFING SHIELD
6	2	D2856-600-1009	ABRASION STRIP
7	4	MS21920-28	CLAMP
8	2	MS21920-30	CLAMP (OR MS21920-32)
9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

# **GENERAL NOTES:**

- 1) MATERIAL: MANUFACTURED FROM D6009-129  
FINISHED LENGTH = 124.100±0.020 (BEFORE BENDING/TRIMMING)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D412-664-243" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: 47.0 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-30 CLAMPS (OR -32) WITH D3595-063-570 RUBBER CUSHIONS TO SECURE THE D2896-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF CROSSTUBE PER QSI 035.
- 15) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 16) TORQUE CLAMPS 80 TO 100 IN.-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

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WORK ORDER  
NO. 69363  
CD11/05/10

DEO ATTACHED

RELEASED  
2009-10-29  
*WJP*

E	REFORMAT/REVISE GENERAL NOTES; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; RELOCATED FLAG #6 PER PAR 08-046 (ZN A6-3); ADD TOLERANCE (ZN B6-3, C4-3, C8-3 & C5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4.	RF	09.09.30
D	REMOVE D2732-058, CHANGE TO D3595-063-570	PH	07.03.09
C	REMOVE D2856-600-1087, ADD D2732-058 & MAGNOBOND 6398, MS21920-32 WAS MS21920-30	MB	06.10.27
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	01.10.17
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>PH</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA  DRAWING NO. REV. E D412-664-243 SHEET 1 OF 4 TITLE SCALE CROSSTUBE ASSEMBLY (412 HI AFT) NTS	
DRAWN	RF		
CHECKED	<i>PH</i>		
MFG. APPR.	<i>PH</i>		
APPROVED	<i>PH</i>		
DE APPR.	<i>PH</i>		
DATE	09.09.30	<small>COPYRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

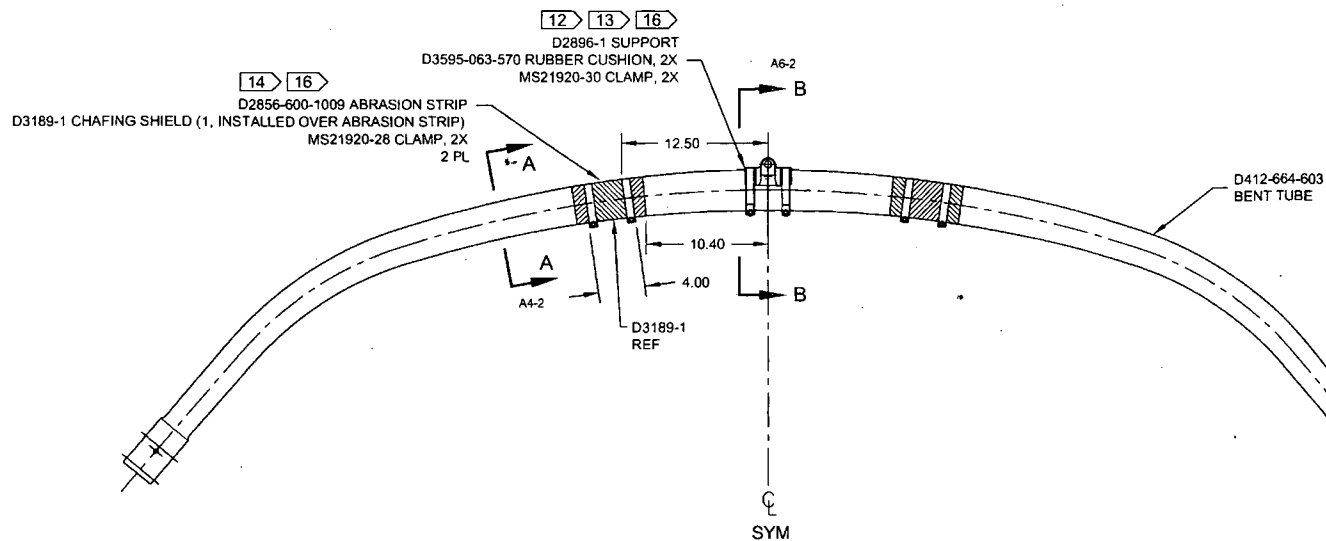
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

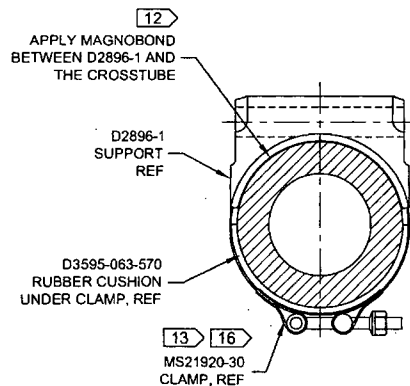
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			
					0			

**NOTE:** Date & initial all entries

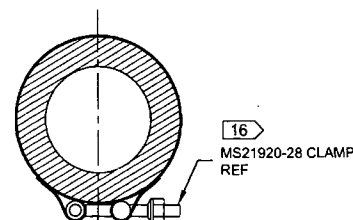


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**D212-664-243**  
**ASSEMBLY DETAIL**



**SECTION B-B** D4-2  
SCALE 4X



**SECTION A-A** C6-2  
SCALE 4X

DEO ATTACHED

**RELEASED**  
2009-10-28  
NRP

DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. E
MFG. APPR.	PH	D412-664-243	SHEET 2 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

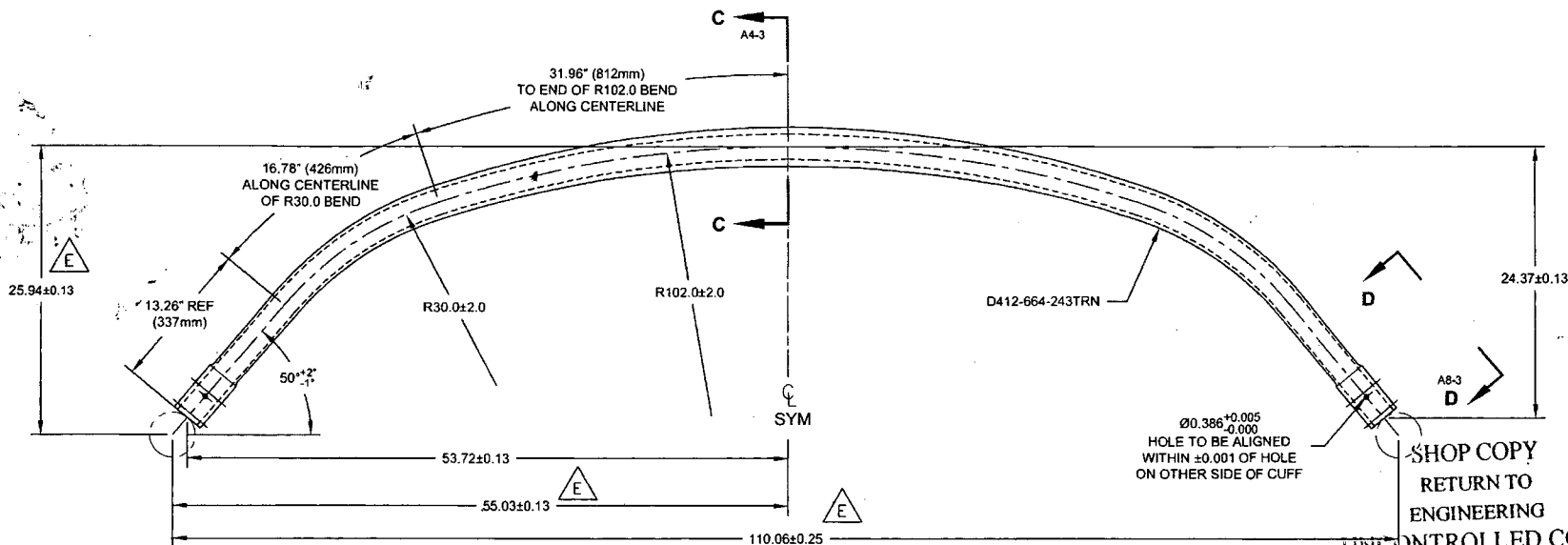
Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

8 7 6 5 4 3 2 1

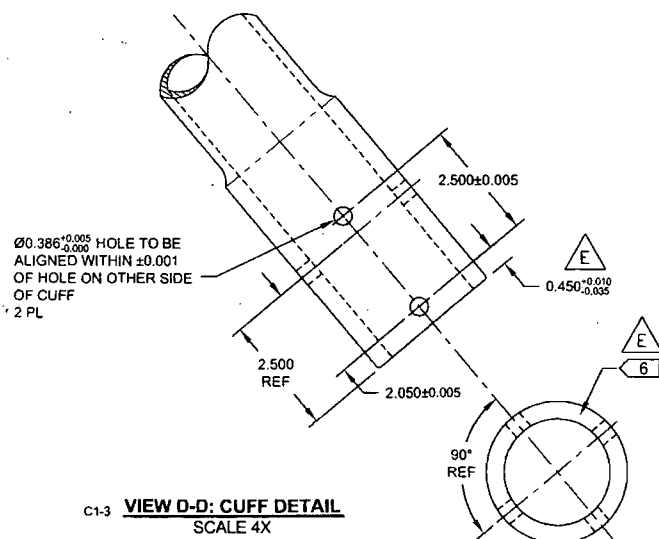


**D412-664-603** 10  
**BENDING AND DRILLING DETAIL** E

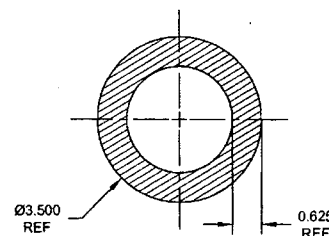
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**RELEASED**  
 2009-10-29  
 MP



C1-3 **VIEW D-D: CUFF DETAIL**  
 SCALE 4X



**SECTION C-C** D5-3  
 SCALE 4X

DESIGN	AT	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	JP	DRAWING NO.	REV. E
MFG. APPR.	JS	D412-664-243	SHEET 3 OF 4
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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8 7 6 5 4 3 2 1

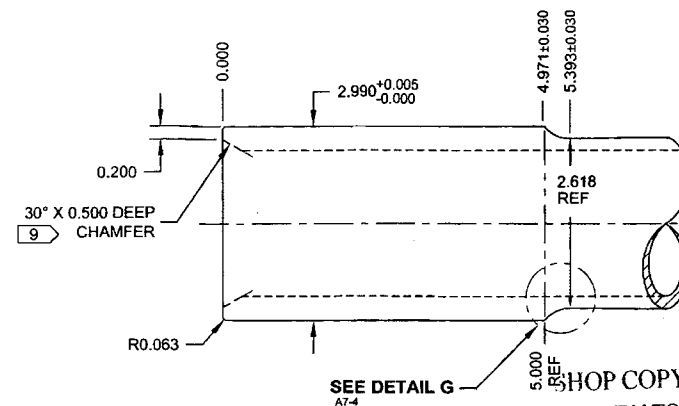
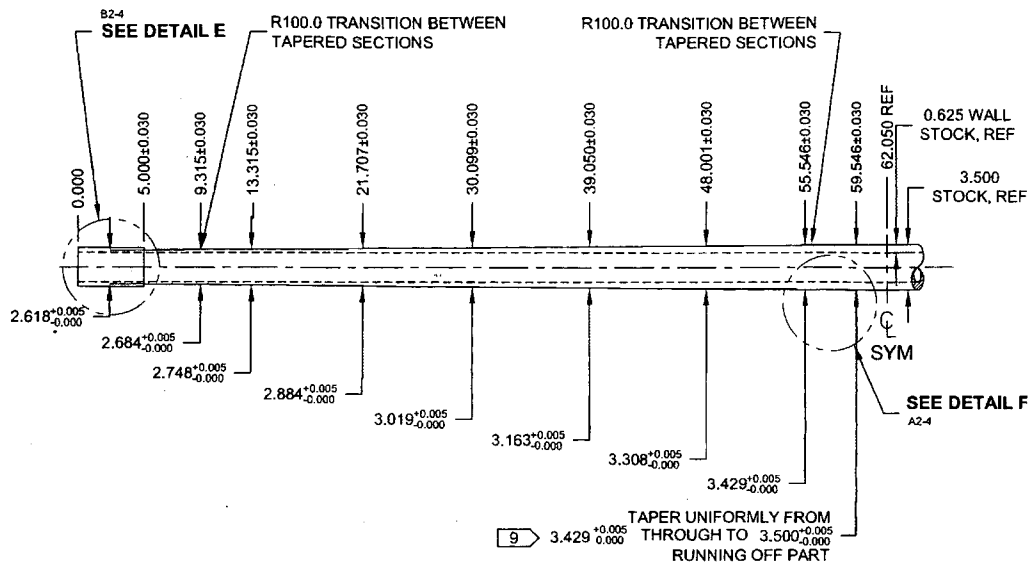
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

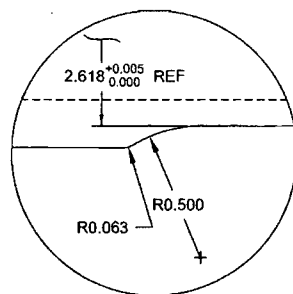
**NOTE:** Date & initial all entries



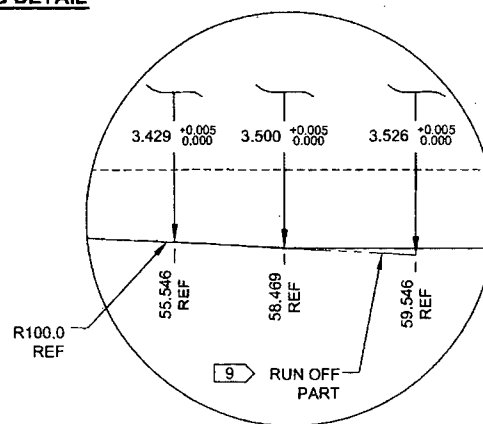
DETAIL E:  
CROSSTUBE CUFF  
SCALE 5X

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**D412-664-243TRN**  
**TURNING DETAIL**



**DETAIL G:**  
**CUFF TRANSITION**  
SCALE 10X



**DETAIL F:**  
**TAPER RUN-OFF**  
NOT TO SCALE

DEO ATTACHED

**RELEASED**  
2009-10-29

DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	92	DRAWING NO.	REV. E
MFG. APPR.	10	D412-664-243	SHEET 4 OF 4
APPROVED	10	TITLE	SCALE
DE APPR.	10	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN	CHECKED	MFG. APPR.	APPROVED	DE APPR.			
DATE 11.03.31	DATE 11/03/31	DATE 11.03.31	DATE 11/03/31	DATE 11.03.31			

**PURPOSE:**

REMOVED ABRASION STRIP IN FAVOR OF A THIN LAYER OF PROSEAL 890.

**CHANGE:**

PARTS LIST IS AMENDED AS FOLLOWS:

**IS:**

Item	Qty -243	Part Number	Description
6	0	D2856-600-1009	ABRASION STRIP

**WAS:**

6	2	D2856-600-1009	ABRASION STRIP
---	---	----------------	----------------

NOTES 2 AND 14, SHEET 1 ARE AMENDED AS FOLLOWS:

**IS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA)  
PAINT OUTSIDE PER DART QSI 005 4.2  
AFTER PAINTING, APPLY CLEAR COAT ON HATCHED AREA
- 14) APPLY A THIN COAT OF PROSEAL 890 ON INSIDE CONCAVE SURFACE OF D3189-1  
CHAFING SHIELD AND LET CURE PER MANUFACTURER'S INSTRUCTIONS. INSTALL  
PROSEALED D3189-1 CHAFING SHIELD ONTO CROSSTUBE BY APPLYING A THIN COAT OF  
PROSEAL 890 ONTO CROSSTUBE. BE SURE TO ELIMINATE ANY AIR GAPS.

**WAS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF  
CROSSTUBE PER QSI 035.

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2011-04-07  
MB

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN <i>MD</i>	CHECKED <i>MD</i>	MFG. APPR. <i>FE</i>	APPROVED <i>MD</i>	DE APPR. <i>MD</i>		
DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31		

**IS:**

D3189-1 CHAFING SHIELD (1, INSTALLED OVER PROSEAL 890).  
MS21920-28 CLAMP, 2X  
2 PL

D412-664-603  
BENT TUBE

2.00  
1.00

**WAS:**

14 16

D2856-600-1009 ABRASION STRIP  
D3189-1 CHAFING SHIELD (1, INSTALLED OVER ABRASION STRIP)  
MS21920-28 CLAMP, 2X  
2 PL

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WITHOUT NOTICE  
WORK ORDER  
NO. 69363

D3189-1  
REF

**D412-664-243  
ASSEMBLY DETAIL**

RELEASED  
2011-04-07  
*MD*

2  
MASK AREA PRIOR TO PAINTING AND  
APPLY CLEAR COAT AFTER PAINTING

2.00

SYM

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

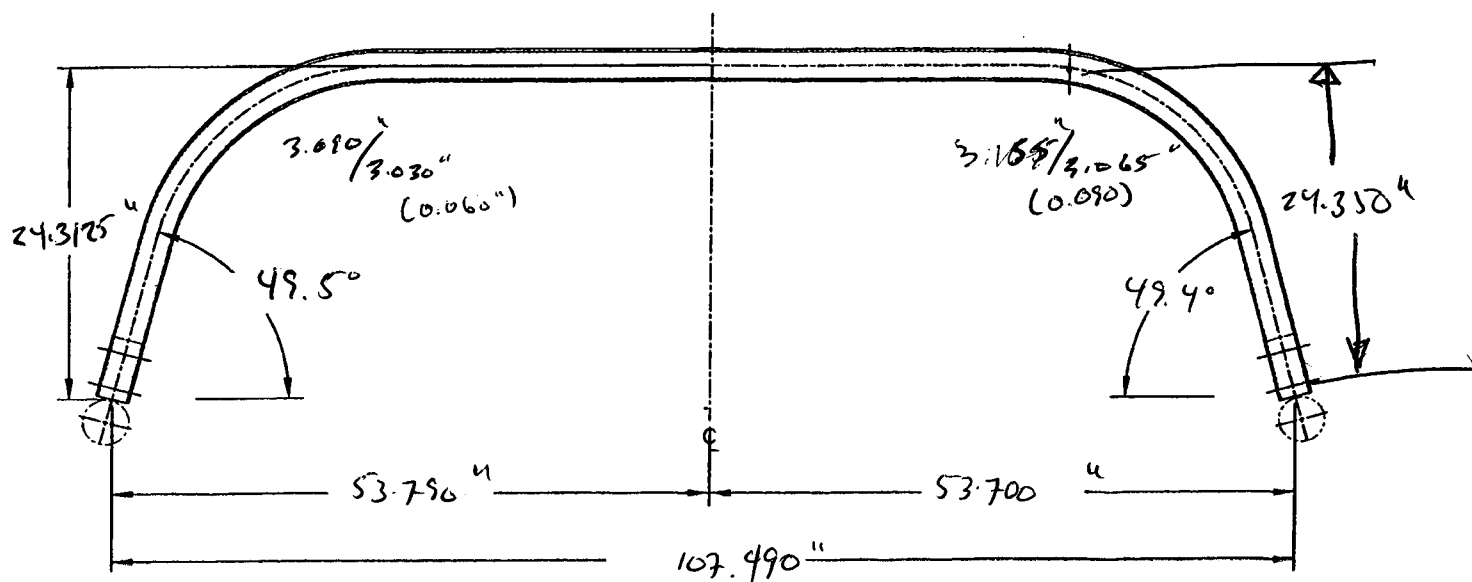
Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	69363
<b>Description:</b> Crosstube High Aft (412)		<b>Part Number:</b>	D412-664-203
<b>Inspection Dwg:</b> D412-664-243		<b>Rev:</b> E	<b>Page 1 of 1</b>

Required Dimension	Min	Max
Height	24.24	24.50
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70



Comments
32 Passes
A 1%
B 1.4%

QC15 Inspection	S
Date	11/07/18

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. D	KJ/JLM	
C	10.02.02	Dwg Rev updated	KJ	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief-Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



## LIQUID PENETRANT TEST REPORT

P- 05624.

PAGE 1 OF 1

CLIENT

ATTENTION

ADDRESS

PROJECT

ITEM(S) EXAMINED

DATE

ACUREN JOB NO.

PO/NO.

WORK LOCATION

ACCEPTANCE STD.

TIME

AM

PM

1270

14570

AS ADDRESS

ASTM 417/651-038

REV./DATE

2005

JOB DESCRIPTION

PROCEDURE NO. LT002

REV./DATE 2008

TECHNIQUE NO. LT002

REV./DATE 2008

ART NO.

MATERIAL ALUMINUM THICKNESS

SCOPE

TEST DETAILS

METHOD

☒ FLUORESCENT☐ VISIBLE☒ WATER WASH☐ SOLVENT REMOVABLE☐ POST EMULSIFIED

FAMILY BRAND

MAGNA FLUX

BLACK LIGHT S/N 13798

☐ OUTPUT > 1000  $\mu$ W/cm<sup>2</sup>☒ AMBIENT < 2 fc

ENETRANT

ZL-67

MINIMUM DWELL TIME

10

MIN.

LIGHTING EQUIP.

☐ FLASHLIGHT☐ TROUBLELIGHT☐ OUTPUT > 100 fc @ SURFACE

ENETRANT REMOVER

H<sub>2</sub>O

MINIMUM DRY TIME

&gt;10

MIN.

OTHER

DEVELOPER

SKD-33

MINIMUM DWELL TIME

10

MIN.

LIGHT METER S/N

CAL DUE DATE

Aug/08/2011

DEVELOPER TYPE

☒ NON AQUEOUS☐ AQUEOUS☐ DRY

TEST SURFACE

SURFACE CONDITION

☐ AS GROUND☐ AS WELDED☐ MACHINED☐ SHOT BLASTED☒ CLEAN BARE METAL

SURFACE TEMPERATURE

☐ < -4°C/ 20°F☐ -4°C/ 20°F TO 10°C/50°F☒ 10°C/50°F TO 52°C/125°F☐ > 52°C/125°F

RESULTS-

☐ METRIC ☐ IMPERIAL

1 CROSS TUBE W.O. ID 71361 ✓  
2 " W.O. ID 71362 ✓  
3 " W.O. ID 71802 ✓  
4 " W.O. ID 71803 ✓  
5 " W.O. ID 69364 ✓  
6 " W.O. ID 69363 ✓  
7 " W.O. ID 69362 ✓

ITEM D206-667-103 FWD  
ITEM D206-667-103 FWD  
ITEM D407-667-205 AFT  
ITEM D407-667-205 AFT  
ITEM D412-664-203 AFT  
ITEM D412-664-203 AFT  
ITEM D412-664-203 AFT

NO RELEVANT INDICATION WAS DETECTED  
AS PER APPLICABLE STANDARD.

ET 11-07-22

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

When performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE

TECHNICIAN (SIGNATURE):

NAME (PRINT):

Dan Titley

PRINT

SIGNATURE

JYVES DESROSIER

1<sup>ST</sup> TECHNICIAN2<sup>ND</sup> TECHNICIAN

CGSB LEVEL

SNT LEVEL

CGSB LEVEL

SNT LEVEL

CGSB REG. NO.

3049

CGSB REG. NO.

DTR # E44708

REPORT

REVIEWED BY:

NAME

INITIALS

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CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

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